

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53116

FILED
Apr 17, 2006
Secretary of State

Entity Name: HEALTHCARE FOR BUSINESS AND INDUSTRY, INC.

Current Principal Place of Business:

5032-B GODDARD AVE
ORLANDO, FL 32804

New Principal Place of Business:

679 DOUGAS AVE.
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

5032-B GODDARD AVE
ORLANDO, FL 32804

New Mailing Address:

679 DOUGLAS AVE.
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-2766558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, WALTER
5032-B GODDARD AVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

BLACK, WALTER
679 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WALTER A. BLACK MD

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDV () Delete
Name: BLACK, WALTER A
Address: 817 WHITE IVEY CT
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER A. BLACK MD

PRES

04/17/2006

Electronic Signature of Signing Officer or Director

Date